

CASES OF PROSTATIC CALCULI.*

By GEORGE CHISMORE, M. D., San Francisco.

THE PURPOSE of this paper is to bring before you two cases of calculus in the prostate gland. Those who are engaged in a special practice in this direction will know how rarely such cases are met, and will be interested in the details of those that occur.

Case 1—A. L. B. came to the Waldeck Hospital on September 10, 1890, under my care. He was 61 years old, and a farmer, owning a fruit ranch. He had been healthy during his life up to five years ago, when he began to pass water more frequently and with some slight pain. These symptoms gradually increased in severity and frequency until he arrived at his present condition. He is a large man, apparently in excellent health in all other respects. He now voids a little urine every few minutes, and it dribbles from him nearly all the time. The urine is foul, clouded with pus and blood. He is in almost constant pain, but not so bad as to require opiates to check it. The day he arrived I operated by median perineal section, and with little difficulty removed five oxalate of lime calculi; the largest measured $2 \times 1\frac{1}{2}$ cc., and weighed 161 grains; the other four were small, and all together weighed but 20 grains. The largest stone was so thoroughly encysted in the gland that only a very small surface presented into the urethra, and that explained what had puzzled me when the metallic searcher was passed; it found nothing when it went into the bladder, but touched it on the way out. I am very sorry not to be able to show the society these stones; but when this man recovered he went home, and after several months sent to me a request to let him have them to show to his family; it slipped my mind, and that was the last of it. Although the wound was almost a clear-cut, and there was no loss of blood, it was very slow in healing. There were no complications, but he remained under my care and that of Dr. Harry M. Sherman, who was my assistant in the operation, for a period of nineteen days.

Case 2—Judge C. G. S., age 77. He came from the country on October 19, 1903, and went to the Waldeck Hospital. I saw him at once. He was strongly built, rather tall, and well preserved for his age. He explained: "I have been well for the most of my life, but for several years have had trouble with my bladder, which gradually got worse and worse, until I could not stand it any longer." His former doctor had advised him to come to the city and see me. He also said, "My doctor told me I had stone, and wanted to cut me, but I felt as if I was too old for the knife." His wife, who nursed him most tenderly, said that he was obstinate, and that it was very hard to change his mind. He did, however, and the operation was performed that day. He was incontinent, and wore an urinal, suffered a good deal of pain, and was subject to painful priapisms. There was no difficulty attending the median perineal section, and the calculi here presented were quickly removed. He got along fairly well for the next eleven days, when his obstinacy caught him, and, though by no means in a fit condition, he left the hospital and the city, rode several hours to his home, and his subsequent course is better told by himself than I or any other can tell it for him. Names and places are omitted for obvious reasons, the rest is verbatim. The urine referred to was 32 ounces for 24 hours, voided eleven times, nine by day and two by night; reddish yellow, cloudy, normal odor; acid 10.18; slight trace of albumen; 18.24 grammes urea; a rather copious sediment of pus, and a few blood cells.

March 21, 1904.

"George Chismore, M. D.—My Dear Sir: I left the Waldeck Sanatorium October 31, 1903, and arrived at my home the same day. My wife cared for and dressed my wounds as directed. The urine continued to pass part through the wound, but the greater part of the urine passed through the penis for three weeks and a few days more, when my wife discovered granulations on one side of the wound, when she called in the doctor. He said, after examination, there was every indication that a urinary fistula would form there if let alone. He operated and cut and scarified the wound, and said if it did not heal up in eight or ten days it would not heal at all. Then, in order to prevent a fistula, I would have to go to bed and have a nurse; that he would have to scrape the tissues down to new flesh, otherwise a fistula would form there and become permanent. The wound did not heal up in eight or ten days, but it did heal up in about three or four weeks thereafter, and in about two weeks thereafter two small abscesses formed on the upper edge of the wound. Then the doctor opened up the wound again, so that the urine could come through the wound again; and he said then that a fistula would form there; and rather than to go through the operation of scraping

down the tissues, I had better use a pad and let the fistula form there; that it would not weaken me any, and would be but little annoyance, and that I could then commence business. About three weeks after that the wound healed up, and twelve weeks have passed since and there are no indications of any more trouble with the wound. The water passes moderately freely without any pain, except to dribble a little after passing the urine. The doctor is very much surprised to find out that the wound is entirely healed up without having a fistula there.

"I have sent you by express to-day the urine for 24 hours. When I take up a shovel or pick and shovel or dig a little dirt in the garden I can feel a sensation about the neck of the bladder, and want to urinate oftener than I do when not exercising.

"I hope this will be sufficient history of the case to give you all the information you want. Respectfully, etc.,

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DISCUSSION.

Dr. Granville MacGowan, Los Angeles.—This is the largest stone I have ever seen. I have removed forty prostates, and I think four contained stones. There was one patient seen by Dr. Chismore, who subsequently went to New York, and there someone found a pocket in the prostate and removed, I think, 100 or 200 stones. He had a great deal of trouble in getting it healed up. He returned to New York, and was examined there by prominent surgeons, who said he had tuberculosis of the bladder. I examined him, and told him that he had an enormous prostate, and that I would take a chance on his having tuberculosis of the bladder. When I got into the prostate I did not find any loose stones, but stones in the prostatic substance, little gravel, 100 or more, around in the substance. Another patient had been operated upon by a surgeon by suprapubic section. The stone was removed, and in about three months he was brought to me by his physician. I found he had an enlarged prostate and a stone in the bladder. I found the prostate hard, only indurated, and could not get the stone crushed through it. I thought I would take it out. I opened the prostate, and as soon as I commenced to dissect out the prostate found it full of stones that looked like broken pieces of granite. There were probably twenty or thirty. I found the stone in a pocket in the bladder. He frequently has stone in this pocket now. In two other patients I found stones that could not be reached at all. It has seemed to me that perhaps in some of these cases where stones are present, that tuberculosis may have preceded, and that these concretions may have simply taken the place where the tuberculous foci were.

Dr. M. Krotoszyner, San Francisco.—I saw a case in a man about 70. I performed a prostatectomy, then opened the prostate capsule, and little calculi came out. There were ninety-nine that were lodged in there. That patient got along very nicely, and later died from pneumonia.

Dr. E. E. Kelly, San Francisco.—This case reported is very interesting indeed. I would like to call attention to a method of reaching the prostate and that region which has been reported by Dr. Young of Johns Hopkins. It gives very easy access by reason of a "V-shaped" incision which allows him, with his prostatic retractor, which he passes into the bladder, to bring down the prostate so that it can be enucleated in plain sight. He also leaves the prostatic urethra intact, thus saving the openings of the seminal ducts. His method removes the objection "of working in the dark" to the perineal route of reaching the prostatic region. Dr. Chismore's case is particularly interesting because of the unusual size of the stone.

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